



Sample Good Faith Estimate Abbreviated Version

This form may only be used if the provider or facility preparing the estimate does not expect to bill the individual.



Below is an example of a good faith estimate form for uninsured (or self-pay) individuals who are expected to receive care at no cost. This is an abbreviated (shortened) version of a complete good faith estimate. Providers and facilities do not have to use this specific form as long as they use a form that includes the required information. For a full list of requirements for abbreviated good faith estimates, see [FAQS About Consolidated Appropriations Act, 2021 Implementation – Good Faith Estimates \(GFEs\) for Uninsured \(or Self-Pay\) Individuals – Part 4](#). To access the form, see [Abbreviated GFE for No Cost Health Care Items or Services](#).

Abbreviated Good Faith Estimate
Abbreviated GFE for No-Cost Health Care Items or Services

This abbreviated GFE should only be used by a provider or facility that **does not expect to bill the uninsured (or self-pay) individual** for items or services furnished on the date the items or services are expected to be provided.

[insert NAME OF PROVIDER OR FACILITY]

Good Faith Estimate for No-Cost Health Care Items & Services

This provider/facility will not bill you for items or services scheduled to be provided on [insert date(s)]
[If items or services have not been scheduled, replace with this: This provider/facility will not bill you for items or services.]

Patient Name:	Patient Date of Birth:	
Patient Identifier (optional):		
Provider/Facility Name:		
Provider/Facility Street Address (where items or services are expected to be furnished):		
City:	State:	ZIP Code:
Provider/Facility Contact:	Phone:	
Email Address:		
National Provider Identifier (NPI):	Taxpayer Identification Number (TIN):	
Date of Good Faith Estimate:		

Disclaimer

The Good Faith Estimate is not a contract and does not require the uninsured (or self-pay) individual to obtain the items or services from any of the providers or facilities identified in the Good Faith Estimate.

There may be additional items or services the convening provider or convening facility recommends as part of the course of care that must be scheduled or requested separately.

If you are billed for more than this Good Faith Estimate, you may have the right to dispute the bill.

You may contact the health care provider or facility listed to let them know the billed charges are higher than the Good Faith Estimate. You can ask them to update the bill to match the Good Faith Estimate, ask to negotiate the bill, or ask if there is financial assistance available.

The abbreviated good faith estimate must state that the provider or facility will not bill for items or services.

The form must include information such as:

- The individual's name and date of birth
- The provider's contact information
- The date of the good faith estimate
- The date of the appointment (for those who schedule an item or service at least 3 days in advance)

The abbreviated good faith estimate does not list expected items or services to be furnished from any provider or facility.

*This document is intended to provide clarity to the public about requirements related to surprise billing.
It does not have the force and effect of law.*

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If you do receive a bill that is \$400 or more, you may also start a dispute resolution process with the U.S. Department of Health and Human Services (HHS). If you choose to use the dispute resolution process, you must start the dispute process within 120 calendar days (about 4 months) of the date on the original bill. The initiation of this process will not adversely affect the quality of health care services furnished to an uninsured (or self-pay) individual by a provider or facility.

If you dispute your bill, the provider or facility cannot move the bill for the disputed item or service into collection or threaten to do so, or if the bill has already moved into collection, the provider or facility has to cease collection efforts. The provider or facility must also suspend the accrual of any late fees on unpaid bill amounts until after the dispute resolution process has concluded. The provider or facility cannot take or threaten to take any retributive action against you for disputing your bill.

For questions or more information about your right to a Good Faith Estimate, the dispute resolution process, or to get a form to start the dispute resolution process, visit www.cms.gov/nosurprises/consumers, email FederalPPDRQuestions@cms.hhs.gov, or call 1-800-985-3059.

Keep a copy of this Good Faith Estimate in a safe place or take pictures of it. You may need it if you are billed by the provider or facility.

PRIVACY ACT STATEMENT: CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules. Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.

The form must include a number of disclaimers. For example, it must state that the individual may start the Patient-Provider Dispute Resolution process if they are billed \$400 or more.



Consumers should keep any estimate provided in a safe place to compare with any bills received later. Individuals who receive an abbreviated good faith estimate for items and services scheduled to be furnished may be able to initiate the Patient-Provider Dispute Resolution process if they receive a bill that is \$400 or more for items or services furnished on the expected date(s) of service listed on the abbreviated good faith estimate.

In some cases, an individual may request a good faith estimate without scheduling an item or service and they may receive an abbreviated good faith estimate with no date of service. If they later receive a bill for \$400 or more for any items or services, they may be able to start the Patient-Provider Dispute Resolution Process.

Please note there should always be a date on the abbreviated good faith estimate stating when it was provided. The abbreviated good faith estimate may also have an expected date of service.

For more information, see [Decision Tree: Requirements for Good Faith Estimates for Uninsured \(or Self-Pay\) Individuals](#) and [Decision Tree: Patient-Provider Dispute Resolution Process](#).